

VANPOOL APPLICATION

Getting to and from work is easier and cheaper with Metro Rides' Vanpool Program. Metro Rides will assist you with your long-distance commuting needs. If you are interested in being a driver or a rider in a vanpool, fill out the application form and return it to:

Metro Rides

1015 Transit Drive Colorado Springs, CO 80903 Fax: (719) 385-5419 metrorides@springsgov.com

Name:								
(First)	(Middle)				(Last)			
Home Address:								
City:	State: CO Zip Code:							
Work Address:								
City:	State: CO Zip Code:							
Home Phone:	Work Phone:							
Cell Phone:	Email Address:							
Drivers License #:				State:	Expiration	Date:		
Date of Birth:	Work Hours: (Start)							
Check Work Days:	□мом	□TUE	□WED	□THURS	□FRI	□SAT	□sun	
Check One:	☐ Primary Driver		☐ Back-up Driver		☐ Rider Only			
Emergency Contact:	ency Contact:			Phone:		Relationship:		
Everything stated on understand that Meti approval. I also und months. This inform	ro Rides will erstand that	submit t Metro R	this application	ation to their btain my curr	insurand ent drivii	e carrier t	o seek every six (6)	
(Signature)				(Date)				